## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	T EXI END	HONES		PAGE 1 OF 3 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	IF Committe		FI	EC IDENTIFICATION NUMBER ▼			
Cooperative of American Physicians	ie Commil	ee		C00492116			
Check if 24-hour report 48-hour report	New rep	oort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y			
Full Name of Payee Revolution Media Group			М =				
Mailing Address 1020 Princess St			Amount	20 2014			
City	State	Zip Code		207000.00			
Alexandria	VA 22314			Transaction ID : E-277  Date of Disbursement or Obligation			
Purpose of Expenditure Cable and Radio Advertising		Category/ Type 004	M 10	M / D D / Y Y Y			
Name of Federal Candidate		Support	Office Sought:	House District:			
Bruce Braley		X Oppose	President	Senate State: IA			
Calendar Year-To-Date Per Election for Office Sought	7	248000.00	Disbursement F 2014 Other	For: Primary X General or (specify) ▶			
Full Name of Payee	_		Date of	Public Distribution/Dissemination			
Revolution Media Group			M 10				
Mailing Address 1020 Princess St			Amount				
City	State	Zip Code		343000.00			
Alexandria	VA	22314		ion ID : E-278 Disbursement or Obligation			
Purpose of Expenditure Cable and Radio Advertising		Category/ Type 004	10				
Name of Federal Candidate		X Support	Office Sought:	House District:			
Tom Cotton		Oppose	President	Senate State: AR			
Calendar Year-To-Date Per Election for Office Sought	7 1 7	383000.00	Disbursement F 2014 Other	For: Primary X General Primary Primary Repectify) ►			
(a) SUBTOTAL of Itemized Independent Expenditure	es		·· •	550000.00			
(b) SUBTOTAL of Unitemized Independent Expend	itures		· •	7 1 7 1 7 1			
(c) TOTAL Independent Expenditures			· •	7 1 7 1 6			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
Rebecca J Olson Signature	[Electron	nically Filed] Date		20 / 2014			
Signaturo							

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

		FOR SE OF FORM 24/48					
	IE OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼					
Cc	poperative of American Physicians IE Committee	C C00492116					
Che	ck if X 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y					
T	Full Name of Payee  Povolution Modia Group	Date of Public Distribution/Dissemination					
	Revolution Media Group	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
	Mailing Address 1020 Princess St	Amount					
-	City State Zip Code	200000.00					
	Alexandria VA 22314	Transaction ID : E-279 Date of Disbursement or Obligation					
	Purpose of Expenditure Cable and Radio Advertising  Category/ Type 004	10 / 20 / 2014					
Ī	Name of Federal Candidate Support Office	Sought: House District:					
	Dan Sullivan Oppose	President State: AK State:					
	Calendar Year-To-Date Per Election for Office Sought  Disbu 234500.00  Disbu 2014	rsement For: Primary X General  Other (specify) ▶					
	Full Name of Payee NMB Research, LLC  Mailing Address 206 N Fayette St	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
ŀ	City State Zip Code	41000.00					
		Transaction ID : E-280 Date of Disbursement or Obligation					
	Purpose of Expenditure Polling  Category/ Type  005	10 20 / Y 2014					
	Name of Federal Candidate Support Office	Sought: House District:					
	Bruce Braley Oppose	President Senate State: IA					
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary					
(8	a) SUBTOTAL of Itemized Independent Expenditures	241000.00					
(k	s) SUBTOTAL of Unitemized Independent Expenditures						
(0	c) TOTAL Independent Expenditures	7 7					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.							
	Rebecca J Olson [Electronically Filed] Date	0 20 / 2014					
	Signature						

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OF

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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	I EXI END	TOTILO		PAGE 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  Cooperative of American Physicians I	FEC IDENTIFICATION NUMBER ▼					
Cooperative of American Physicianic 1				C C00492116		
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file						
Full Name of Payee NMB Research, LLC			M	f Public Distribution/Dissemination		
Mailing Address 206 N Fayette St			Amour			
City	State	Zip Code		40000.00		
Alexandria	VA 22314			Transaction ID : E-281 Date of Disbursement or Obligation		
Purpose of Expenditure Polling		Category/ Type 005	M	10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought	: House District:		
Tom Cotton		Oppose	Preside	nt Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought	;	383000.00	Disbursement 2014 Ot	For: Primary		
Full Name of Payee NMB Research, LLC				of Public Distribution/Dissemination		
Mailing Address 206 N Fayette St			Amour	10 20 2014 nt		
City	State	Zip Code		34500.00		
Alexandria	VA	22314		ction ID : E-282 of Disbursement or Obligation		
Purpose of Expenditure Polling		Category/ Type 005	M	10 20 / 2014		
Name of Federal Candidate		X Support	Office Sought	t: House District:		
Dan Sullivan		Oppose	Preside	ent Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought	, , ,	234500.00	Disbursement 2014 Ot	t For: Primary X General ther (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditure	es			74500.00		
(b) SUBTOTAL of Unitemized Independent Expendit	ures					
				- Apr   - Apr   - Apr		
(c) TOTAL Independent Expenditures			•	865500.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Rebecca J Olson Signature	[Electron	ically Filed] Date	10	20 / 2014		
Olyriature						